



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION
HMGP ELEVATION PROGRAM
P.O. Box 420
MAIL CODE 41-03H
TRENTON, NEW JERSEY 08625-0420
TEL. 609-633-0999

CHRIS CHRISTIE
GOVERNOR

KIM GUADAGNO
LT. GOVERNOR

BOB MARTIN
COMMISSIONER

December 16, 2014

RE: Hazard Mitigation Grant Program, Elevation Program; Authorization Letter

Dear Homeowner:

Congratulations! We are pleased to inform you that your elevation project has been approved by the Federal Emergency Management Agency (FEMA) and you are being invited to a Kick-off meeting to receive necessary information, sign forms, and prepare to successfully implement this grant. You are eligible to receive up to \$30,000 in grant funding for the elevation of your primary residential structure.

If you have signed final RREM grant acceptance paperwork, please disregard this letter as you have become ineligible for HMGP (you cannot receive funds from both programs). Please contact your County Coordinator should you change your mind after signing with RREM and wish to remain with HMGP.

Before beginning elevation construction, you are required to attend a mandatory one-on-one Kick-off meeting with your County Coordinator where he/she will explain details about the next phase of the program and answer any questions. Failure to attend a Kick-off meeting, or contact HMGP staff within two weeks of receipt of this letter, may result in denial of program participation.

Pursuant to FEMA fiscal requirements, all construction, closeout meetings and required documents, as well as all reimbursement submissions and reimbursement payments to you must be accomplished pursuant to milestones established by NJDEP to insure that the project complies with the FEMA Period of Performance and insure that any unused HMGP grant money is timely redistributed.

In order to meet this schedule, NJ DEP is requiring that required documents #1 and #2 below are submitted by February 1, 2015, and documents #3 and #4 below be submitted by March 15, 2015. Elevation construction activities must begin no later than June 1, 2015. Any and all documents may be submitted at the Kick-off meeting. Construction must be completed, and all required closeout and reimbursement documents submitted and approved for review no later than November 1, 2015. NJDEP will consider timely requests for extensions on a case-by-case basis.

Please carefully review the following attachments prior to attending your Kick-off meeting:

Documents 1-4 below are required to be submitted to your County Coordinator prior to initiating elevation construction activities. Any/all documents may be submitted at the Kick-off meeting.

1. *Acknowledgement of Conditions/Maintenance Agreement* – this document must be signed, with photo proof of identity (Driver's License, Passport) or provide a notarized signature by all parties identified on the property Deed. The purpose of this document is to insure that the homeowner understands and abides by all conditions of the grant including the approved Scope of Work identified in your application and approved by FEMA. Also, if your project requires special conditions imposed by FEMA you will see them listed in paragraph 16 of the Acknowledgement of Conditions document. This document is required to be submitted with original signatures (no copies or scanned signatures) prior to beginning elevation construction. Please review this document carefully.

If you believe we do not have the most up-to-date copy of your property's Deed, please bring a copy to the Kick-off meeting. Please be prepared to leave this copy. A certified copy is not necessary.

2. *Inspection Agreement* – allows DEP HMGP staff to conduct reasonable site visits in order to monitor the progress of the grant. This form may be submitted by email, fax, postal mail, or dropped off at the County Coordinator’s office.
3. *Certification of Structural Stability Form* – this form must be signed, with a seal affixed by a design professional. This document certifies that the structure is sound enough to safely elevate. This document is required to be submitted with original signatures and seal.
4. *Elevation Construction Schedule* - provide your contractor’s Elevation Construction Schedule. This schedule will be used to monitor your grant progress. This schedule should be developed according to the enclosed “Developing an Elevation Construction Schedule” document. This form may be submitted by email, fax, postal mail, or dropped off at the County Coordinator’s office.

5. *Step-By-Step Checklist* – this document is an overview of the process and for the applicant to track progress during each phase of the program and will be reviewed at the Kick-off meeting.
6. *Additional Point of Contact/Decision Maker Form* – this optional form allows the applicant to authorize another person(s) to answer questions or make decisions on their behalf if they are unavailable. The applicant may withdraw or modify this authority at any time by communicating with your County Coordinator. The original of this document is required to be submitted.
7. *Reimbursement – Costs must be reasonable¹ and allowable to be reimbursed.* The Expense Tracking Form is for the homeowner to itemize all allowable project costs. All allowable expenses must be documented by invoice (no hand written comments), how and when it was paid, with all underlying source documents (contracts, agreements, etc.) provided. You will also eventually need to complete the W-9 form to receive your reimbursement and the ACH form if you prefer to receive your reimbursement via electronic funds transfer.
8. *Deed Restriction* – As part of the Closeout process each homeowner will be required to affix a Deed Restriction notice onto their property’s deed. DEP HMGP staff has been working with county clerks to simplify the process of filing this Deed Restriction. Included in this packet are instructions and a form for completing this task. (Cape May applicants should refer to the link on our website.)
9. *Scope of Work²* – FEMA has approved this project pursuant to the specific information and project parameters submitted in the application and follow up questions from DEP. Changes to the scope of work may require re-review by FEMA prior to construction. Please review the Acknowledgement of Conditions Paragraph 15 or contact your County Coordinator or Grant Administrator for details. Changes to the footprint of disturbance (expansion, location, or depth), and potentially other changes to the SOW must be re-reviewed by FEMA prior to construction or the project may be disqualified. Below is a summary of activities and the required action by the applicant and DEP HMGP staff:

¹ Reasonableness: A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. In determining reasonableness of a given cost, consideration shall be given to: 1) Whether the cost is of a type generally recognized as ordinary and necessary for the operation of the governmental unit or the performance of the Federal award. 2) The restraints or requirements imposed by such factors as: Sound business practices; arm's-length bargaining; Federal, State and other laws and regulations, terms and conditions of the Federal award and market prices for comparable goods or services. 3) Whether the individuals concerned acted with prudence in the circumstances considering their responsibilities to the governmental unit, its employees, the public at large, and the Federal Government. 4) Significant deviations from the established practices of the governmental unit which may unjustifiably increase the Federal award's cost.

² The scope of work for the elevations include engineering and architectural foundation plans, survey and elevation certifications before and after construction, disconnecting of utilities, elevation of structure, excavation, foundation work, floor system repairs, reconnecting of utilities, debris disposal, erosion control, elevation of existing decks, porches, or stairs, filling basements with compacted clean fill, construction of new stairs and railings to access the elevated living space per minimum code or local ordinance.

Activity	Required Action
1. Prior to Elevation Construction	Prior to construction the applicant shall: <ul style="list-style-type: none"> • Sign and return all pre-construction documents (#1 – 3 above) including permits obtained • Provide your contractor's construction schedule (# 4 above) • Alert assigned HMGP County Coordinator of construction start date (7 work days prior, if possible) • Applicant begins construction
2. Elevation Construction	<ul style="list-style-type: none"> • HMGP County Coordinator conducts site visits • DEP Grant Administrator performs monthly desk audits
3. Elevation Construction Complete	Applicant notifies HMGP County Coordinator or Grant Administrator of construction completion date.
4. Final close-out meeting and inspection	NJ DEP HMGP staff conducts on-site closeout and meeting; completes initial review of required reimbursement documents.
5. Reimbursement If all program requirements are met and all eligible expenses verified and documented, issue payment.	<ul style="list-style-type: none"> • Applicant submits reimbursement documents including Duplication of Benefits information. • HMGP staff reviews documents, forwards to DEP Bureau of Finance for NJOEM review. • DEP issues reimbursement. • Applicant returns signed Receipt of Reimbursement Form.

Please retain all receipts for mitigation-related Sandy assistance received from the National Flood Insurance Program (NFIP), Increased Cost of Compliance Coverage (ICC), and any Small Business Administration (SBA) loans.

If you have any questions, please contact your DEP HMGP County Coordinator or Grant Administrator.

Please periodically check the HMGP website for resources and updated information at <http://www.nj.gov/dep/special/hurricane-sandy/hmgp.htm>

Sincerely,



Scott Brubaker, Program Manager
NJ DEP Hazard Mitigation Grant Program

Attachments



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HMGP Elevation Program Acknowledgement of Conditions / Maintenance Agreement

Property Owner(s) _____

Street Address _____

City (Tax District) _____ State _____ Zip _____

HMG#:000 _____

COMPLETED BY NJ DEP:

Deed dated _____ Recorded _____

Block _____ Lot _____

Base Flood Elevation at the site is _____ feet (NAVD88)

Map Panel Number _____ Effective date _____

As a recipient of Federally-funded hazard mitigation assistance under the Hazard Mitigation Grant Program, as authorized by 42 U.S.C. § 5170c, the Property Owner accepts the following conditions:

1. The Period of Performance (POP) for this grant is from December 1, 2014 to December 1, 2016.
2. The Property Owner shall comply with Period of Performance (POP) requirements as follows: all construction activities, closeout meetings, reimbursement submissions, and reimbursement payments must be accomplished per Federal Emergency Management Agency (FEMA) fiscal requirements within 730 days from the date of FEMA obligation and pursuant to a timetable or milestones imposed by the New Jersey Department of Environmental Protection to insure that the FEMA POP is accomplished and unused funds re-distributed.
3. The Property Owner may submit a time extension request at least 75 days prior to the expiration of the established FEMA Period of Performance and NJDEP imposed timetable. The time extension request must include the following:
 - A justification for the extension to include reasons for the delay;
 - A description and percentage of all work completed to-date;
 - Demonstration that work is in progress and that it will be completed within the requested extension period (including a description of measures necessary to complete the project and summary of funds available for completion of these measures);
 - A revised cost estimate even if there are no changes to the existing cost estimate.

4. For structures that remain in the Special Flood Hazard Area (SFHA) after the implementation of the mitigation project, flood insurance must be maintained for the life of the structure to an amount at least equal to the project cost or to the maximum limit of coverage made available with respect to the particular property, whichever is less. The Property Owner shall provide evidence that flood insurance has been obtained prior to closeout and reimbursement. Insurance coverage on the property must be maintained during the life of the property regardless of transfer of ownership of such property.
5. The Property Owner shall maintain all structures on the above-mentioned property in accordance with the flood plain management criteria set forth in Title 44 of the Code of Federal Regulations (CFR) Part 60.3, the New Jersey building code and any local ordinance standards as long as the Property Owner holds title to the property. These criteria include, but are not limited to, the following measures:
 - Enclosed areas below the Base Flood Elevation will only be used for parking of vehicles, limited storage, or access to the building;
 - All interior walls and floors below the Base Flood Elevation will be unfinished or constructed of flood resistant materials;
 - No mechanical, electrical, or plumbing devices will be installed below the Base Flood Elevation;
 - All enclosed areas below Base Flood Elevation must be equipped with vents permitting the automatic entry and exit of flood water.
6. To provide notice to subsequent purchasers of these conditions, the Property Owner agrees to legally record and maintain with the county or appropriate jurisdiction's land records a notice that includes the name of the current property owner (including book/page reference to record of current title, if readily available), a legal description of the property, and the following notice of flood insurance requirements on the property deed:

“This property has received Federal hazard mitigation assistance. Federal law requires that flood insurance coverage on this property must be maintained during the life of the property regardless of transfer of ownership of such property. Pursuant to 42 U.S.C. §5154a, failure to maintain flood insurance on this property may prohibit the owner from receiving Federal disaster assistance with respect to this property in the event of a flood disaster. The Property Owner is also required to maintain this property in accordance with the flood plain management criteria of Title 44 of the Code of Federal Regulations Part 60.3 and any pertinent local ordinance.”
7. Failure to abide by Condition #6 above may prohibit the Property Owner and/or any subsequent purchasers from receiving Federal disaster assistance with respect to this property in the event of any future flood disasters or from receiving the above Grant reimbursement. If Condition #6 is not met, funds also may be recouped in the amount of the grant award, if dispersed, with respect to the subject property, and the Property Owner may be liable to repay such amounts.
8. The Property Owner shall obtain and comply with all Federal, State, and local permits and approvals required to perform the Scope of Work and associated activities inclusive of all work to be performed, including Special Conditions, if any, as identified in Paragraph 16 below.
9. The Property Owner shall use contractors for their elevation project that are currently and appropriately registered with the New Jersey Division of Consumer Affairs (NJDCA). Property Owners are also prohibited from utilizing contractors or other service providers who are debarred. Property Owners can verify registration through NJDCA via the following contacts: via telephone at (800) 242-5846 or via the license/registration lookup tool on the internet at <http://dcappsrvr.dca.lps.state.nj.us/12k/verification.jsp>.
10. To receive HMGP funding, if a Property Owner qualifies for Increased Cost of Compliance (ICC), they must make application for same. Property Owner is also responsible to pursue an adequate settlement including the required second claim for ICC benefit. All information regarding insurance recoveries and disaster assistance benefits that cover similar work for which this grant is awarded must be provided to the

HMGP program to enable reimbursement. These benefits are considered duplications whether or not they are sought by the property owner.

11. Ineligible costs: some costs are not eligible under the HMGP elevation program. Costs that are not eligible for reimbursement include, but are not limited to:

- Elevating a structure that was not in compliance with NFIP standards at the time of original construction
- Costs related to building additional or auxiliary structures or upgrades
- Construction of new or expanded decks or porches
- Any improvements for purely aesthetic purposes, unless required by the NFIP compliance review
- Costs to replace or repair utility service components, which are undersized, inadequately designed or unsafe, unless required by code
- Exterior finish on the exposed foundation, unless required by EHP compliance review or local code
- Additional landscaping for ornamentation beyond what existed on the site prior to construction of the project
- Property Owners should consult FEMA publication *Hazard Mitigation Assistance Unified Guidance*, June 1, 2010, for additional guidance.

12. Property owner shall provide the following documents at Closeout:

- A Certificate of Occupancy or equivalent;
- A Final Elevation Certificate (FEMA Form 81-31);
- A copy of the recorded deed amendment as required in Condition #6 above;
- Front, rear, and side photographs of the final elevated structure, including flood vents where applicable;
- Verification of flood insurance for each living structure in the form of the Deed Declaration Page;
- Certification by an Engineer, floodplain manager, or senior local official, in the format prescribed by the municipality, that the completed structure elevation is in compliance with local ordinances and NFIP regulations, including all applicable NFIP Technical Bulletins;
- Proof of Payment for 100% of eligible project costs on DEP supplied forms including source documents (invoices, contracts, receipts, leases);
- Duplication of Benefits information for the NJDEP and NJOEM/FEMA to review;
- Any required permits obtained;
- NJDEP reserves the right to require additional documents as necessary to comply with State or Federal requirements.

13. As part of the Duplication of Benefits review, applicant shall maintain and submit to NJDEP upon request, all Closeout/Reimbursement documents, invoices, source documents and receipts demonstrating that Increased Cost of Compliance (ICC) funds and Small Business Administration Mitigation loans (if any) have been utilized consistent with the purpose intended by the issuer of said funds.

14. Property owner acknowledges receipt of FEMA Best Practices for Lower Impact Debris Removal and Demolitions (Version 3.7 - 6/11/13) and agrees to require contractors retained for their elevation project to comply with same.

15. Applicant agrees to complete the project consistent with the approved Scope of Work (SOW) of the project as identified in the project's application submitted via NJDEP to NJOEM/FEMA. Applicant may obtain SOW information by contacting their NJDEP Grant Administrator or calling the general number above.

- Budget modifications shall be provided to NJDEP as they become known by the applicant but no later than at Closeout.

- Requests to deviate from or modify the approved SOW shall be submitted to NJOEM/FEMA via NJDEP prior to beginning elevation construction. Failure to receive approval from FEMA for changes to the SOW prior to construction may be cause for denial of the Grant.
- The project may elevate above the approved SOW without re-review by FEMA as long as the project complies with program and municipal requirements and restrictions.
- Any expansion or relocation of the footprint of excavation or of the structure, including depth of excavation (including porches and decks) shall require approval from OEM/FEMA via NJDEP prior to initiation of elevation construction. Expansion or relocation of the footprint prior to review and approval by FEMA may cause denial of the Grant.

16. Special conditions if any:

17. The Property Owner shall comply with any/all requirements and conditions of this Grant. Failure to comply with all conditions of the Grant may be cause for denial of the Grant.

This Agreement shall be binding upon the respective parties' heirs, successors, personal representatives, and assignees.

This form must be signed by all parties identified on the subject property deed and provided to the NJDEP Grant Administrator or County Coordinator at the Kick-off meeting or prior to initiation of elevation construction activities whichever comes first.

ALL PROPERTY OWNERS LISTED ON THE PROPERTY DEED MUST PROVIDE A PHOTO ID (DRIVER'S LICENSE, PASSPORT), IF SIGNING IN THE PRESENCE OF AN HMGP EMPLOYEE OR PROVIDE A NOTARIZED SIGNATURE AND SIGN BELOW:

_____ Signature of Property Owner	_____ Printed Name of Property Owner	_____ Date
_____ Signature of Property Owner	_____ Printed Name of Property Owner	_____ Date
_____ Signature of Property Owner	_____ Printed Name of Property Owner	_____ Date
_____ Signature of Property Owner	_____ Printed Name of Property Owner	_____ Date
_____ Signature of Notary/Witness	_____ Printed Name of Notary/Witness	_____ Date

Notary Seal and Number, if applicable: _____



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Lt. GOVERNOR

BOB MARTIN

COMMISSIONER

Inspection Agreement

Property Owner: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

HMGP Number: _____

NJ DEP HMGP Elevation Program staff will periodically monitor the progress of the elevation construction work being performed under the HMGP Elevation Program; therefore the above applicant grants:

Homeowner agrees that NJ DEP HMGP shall have the right to inspect the elevation construction at all reasonable times and at the completion thereof.

NJ DEP HMGP staff or its designees shall at all times have access to the work during its progress in order to ascertain that the work being performed is in accordance with the requirements of the HMGP Elevation Program. NJ DEP HMGP staff shall also be permitted at all reasonable times to inspect and review all relevant records of the Homeowner's contractor. It is the responsibility of Homeowner to request said records upon request of NJ DEP HMGP Elevation Program staff.

Date: _____

Homeowner Signature

Print name



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COMMISSIONER

Certification of Structural Stability Form

Property Owner: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

HMGP Number: _____

To the NJ DEP Hazard Mitigation Grant Program Elevation program:

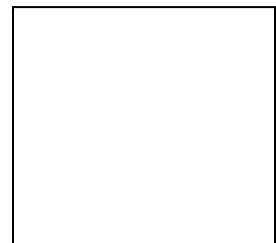
As a licensed professional, I am qualified to determinate the structural soundness of a residential structure for elevation to BFE plus one, the local ordinance, or higher.

I have determined that the above home is structurally sound enough to be safely elevated to the BFE plus one, the local ordinance, or higher.

Date: _____

Signature

Print name, license number, and affix Seal



Stamp/Seal

Developing an Elevation Construction Schedule

The following activities are a sampling of project milestones that should be included in a construction schedule and may be monitored by DEP/HMGP Team. The project schedule should represent all phases of the project. The start/end dates for these phases (not necessarily each of the sub-phases) should be reflected in the construction schedule provided by the contractor, and will be revised as necessary.

Pre-Construction Phase:

- Architectural/Design/Survey Work
- Permits Obtained
- Site Preparation
- Contractor Hired
- Utilities Disconnected

Elevation Construction Phase:

- Homeowners Temporarily Relocate
- Strengthen or Demo Existing Foundation
- Home lowered onto foundation
- Utilities Reconnected
- Lifting of Structure
- Foundation Work Completed
- New Ingress/Egress Construction

Post-Construction Phase:

- Debris Disposal
- Homeowners Return to Home
- Site Clean-up and Landscaping

Note: The applicant shall comply with Period of Performance requirements to complete all elevation activities and submit eligible expenses in the approved format to DEP such that reimbursement may occur within 700 days of the FEMA approval (obligation) date. Project milestones will be used to keep the project moving forward. Failure to meet the identified timeframes may result in disqualification.

Extensions will be considered on a case by case basis but may not result in a project schedule that will not be reimbursed within 700 days from approval/obligation.

SAMPLE CONSTRUCTION SCHEDULE

Project start date: _____

Project end date: _____

Construction Activity	# of Days to Complete
Pre-Construction Surveying	3
Site Preparation	4
Foundation Demolition	6
Lifting of Structure	3
Foundation and Footings Work	6
Lowering Structure onto Foundation	2
Construction of New Stairs/Entryways	3
Debris Removal and Clean-up	4
Landscaping	2
Total Construction Time (days):	33



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Department of Environmental Protection Hazard Mitigation Grant Program Additional Point of Contact/Decision Maker V.2

I (Applicant(s)), _____ hereby give the DEP HMGP
Program the authority to speak to _____
(PHONE: _____) in matters pertaining to my HMGP application and grant on
my behalf.

I am also giving _____ (PHONE: _____)
the authority to make decisions regarding my HMGP application and grant on my behalf.

I understand that I can withdraw or modify this authority at any time by communicating to my HMGP
County Coordinator or Grant Administrator.

Signed (Applicant(s))

_____ Date _____

_____ Date _____

HMG#:000 _____



Hazard Mitigation Grant Program (HMGP) Elevation Program Step-By-Step Checklist

Use this checklist to track your progress through the remainder of the program



Authorization Letter

Elevation Kick-off Meeting

The following 4 documents must be submitted prior to elevation construction

Any/all documents may be submitted at the Kick-off meeting

- ☐ Signed Original (with photo ID) Acknowledgement of Conditions/Maintenance Agreement by all property owners
- ☐ Signed Inspection Agreement
- ☐ Signed and Sealed Certification of Structural Stability Form (original needed) by a design professional
- ☐ Construction Schedule

Elevation Construction and Site Monitoring

- ☐ Applicant selects a registered contractor using NJ Division of Consumer Affairs guidance
- ☐ Applicant notifies NJ DEP County Coordinator when elevation construction will begin
- ☐ Applicant makes their contractor aware of FEMA Best Practices for Lower Impact Debris Removal and Demolition
- ☐ Applicant submits construction permits to NJ DEP County Coordinator
- ☐ NJ DEP County Coordinator conducts site visits during elevation construction

Post-Elevation Construction Documents (Required at Closeout Meeting)

- ☐ Certificate of Occupancy, or equivalent
- ☐ Certification by an engineer or floodplain manager that elevation is in compliance with NJ building codes, local ordinances, and NFIP regulations
- ☐ Final Elevation Certificate (post-elevation construction)
- ☐ Photos (front, rear, and sides showing the entire structure from ground to rooftop) provided by applicant labeled with name, address, and HMGP elevation number
- ☐ Copy and Proof of Deed Restriction requiring flood insurance
- ☐ Copy of Flood Insurance Declaration page

Closeout and Reimbursement Process – after construction is completed

- ☐ Final site visit/closeout meeting conducted by NJ DEP County Coordinator to review and prepare final reimbursement documents
- ☐ Applicant compiles receipts/proof of payment for all eligible activities and completes forms using DEP template
- ☐ Final Duplication of Benefits Review
- ☐ Applicant receives check, closeout letter, and Acknowledgement of Reimbursement Form
- ☐ Applicant signs and returns the Acknowledgement of Reimbursement Form

Homeowner:

This packet contains the actual form for you to use to submit your eligible expenses incurred for your elevation construction project.

Please note that you should submit all your eligible expenses only related to your elevation construction.

On the actual form are more detailed instructions but, below, we wanted to provide examples (in red) of how one completed page may look.

Please be sure to include your Contractor's registration or license number adjacent to their name.

If you have any questions or problems while completing these forms, please contact your HMGP Grant Administrator.

NAME: FRANK SMITH HMGP#: 00001234							
Examples of Activities:	Receipt/ Invoice Date	Merchant/Service Provider	Contractor's Registration or License Number	Amount Claimed	Payment Date (when expense was paid)	Type of Payment – Record: Check (K) Credit Card (CC) Bank Statement (B) Cash (S)	Receipt number:
ENGINEERING PLANS	7/14	SHORE ENGINEERING	LIC. #: ABCDE01234	\$ 200	8/30	K	1
BUILDING PERMIT	7/29	TOWNSHIP OFFICE		\$ 100	7/29	S	2
LANDSCAPING	8/5	HOME DEPOT		\$ 150	8/5	K	3
ELEVATION CERTIFICATE	8/16	OCEAN BUILDERS	LIC. #: FGHJ56789	\$ 1,000	9/5	CC	4
Total Costs:				\$ 1550			

HMGP Elevation Program -- Homeowner Reimbursement Expense Form for Eligible Expenses

Owner Name:	
Property Address:	
County:	Municipality:
HMGP Grant Number:	Submission Date:

This itemized expense form is for the applicant to **document their eligible expenses only** for reimbursement. (Please see the attached form which identifies the eligible expenses that are reimbursable and ineligible expenses that are not.) The fields below should reflect any eligible elevation related expenses. The applicant shall number and include, in date order, all paid invoices and receipts with proof of payment. Please complete all 4 pages. Reimbursement requests must:

- 1) Use this Form
- 2) Follow the specified instructions
- 3) Enter information by the 4 elevation Phases
- 4) Organize and label your receipts by Phase (for example, "Elevation Construction Phase"), and then number the receipts chronologically (1 → ?) for all your expenses for that Phase by receipt date.
- 5) Please record your name and HMGP grant number on each page.
- 6) Please be sure to include your contractor's registration or license number adjacent to their name.

Submission requests will be returned to the applicant if they do not follow this format or instructions, deviate from the categorized phases, or fail to organize and attach all required documentation to this form.

PRE-OBLIGATION PHASE EXPENSES: Cost incurred and paid for by you between 10/30/2012 and the date of your FEMA obligation							
Examples of <u>Pre-Obligation</u> Activities: <ul style="list-style-type: none"> Engineering services for design, structural feasibility analysis, and cost estimate preparation Cost of surveying and soil sampling Utility and Construction permits 	Receipt/ Invoice Date	Merchant/Service Provider	Contractor's Registration or License Number	Amount Claimed	Payment Date (when expense was paid)	Type of Payment – Record: Check (K) Credit Card (CC) Bank Statement (B) Cash (S)	Receipt Number
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
				\$			
Total Pre-Obligation Costs:				\$			

[illegible]

[illegible]

NAME: HMGP #:		EXPENSES NOT IDENTIFIED ABOVE						
Record your additional expenses here and their Phase (i.e.Construction, etc.):	Receipt/ Invoice Date	Merchant/Service Provider	Contractor's Registration or License Number	Amount Claimed	Payment Date (when expense was paid)	Type of Payment – Record: Check (K) Credit Card (CC) Bank Statement (B) Cash (S)	Receipt Number	
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
	Total Expenses on this page:				\$			
	NOTES/COMMENTS FOR HMGP STAFF:							

Eligible and Ineligible Expenses

Eligible Expenses

- Engineering services for design, structural feasibility analysis, and cost estimate preparation;
- Surveying, soil sampling, completion of elevation certificate, title search, deed recordation fees, legal and/or permitting fees, project administration, and construction management;
- Disconnection of all utilities;
- Building of a foundation so that the lowest floor is at the BFE or higher if required by local ordinance or FEMA;
- Physical elevation of the structure and subsequent lowering and attachment of the structure onto a new foundation;
- Construction of a floor system that meets minimum building code requirements when the existing floor system cannot be elevated or is not appropriate for the new foundation;
- Reconnecting utilities and extending lines and pipes as necessary and elevating all utilities and service equipment;
- Debris disposal and erosion control;
- Costs for repair of lawns, landscaping, sidewalks, and driveways if damaged by elevation activities;
- Construction of a utility room above the BFE only if there is no existing space within the house for this purpose or there is no alternative cost-effective way to elevate the utilities;
- Elevation of existing decks, porches, or stairs;
- Construction of new stairs, landings, and railings to access the elevated living space per minimum code or local ordinance;
- Construction of ADA-compliant access facilities when an owner or a member of the owner's family has a permanent physical handicap and a physician's written certification. Only one ADA-compliant access is allowable for funding unless specified otherwise in applicable State or local codes (for more information on ADA, see <http://www.ada.gov/>). If ramps are not technically feasible, a mechanical chair lift may be installed;
- Documented reasonable living expenses (except food and personal transportation) that are incurred while the owner is displaced by the elevation construction;
- Abatement of asbestos and lead-based paint; and
- Filling basements with compacted clean fill.

Ineligible Expenses

- Elevating structures that were not in compliance with current NFIP standards at the time of construction;
- Costs related to building additions or auxiliary structures;
- Construction of new decks or porches;
- Any improvements for purely aesthetic reasons unless required by the EHP compliance review;
- Exterior finish on the exposed foundation of the elevated building, unless required by EHP compliance review and or local code; and
- Additional landscaping for ornamentation beyond what existed on the site prior to construction of the project (e.g., trees, shrubs).
- Costs to replace or repair utility service components, which are undersized, inadequately designed, or unsafe unless required by code (except utility rooms noted as eligible costs).
- Landscaping for ornamentation (e.g., trees, shrubs);
- Decks and garages not included as part of the foundation system;
- All construction activities not specifically noted in this guidance and not specifically approved by FEMA in advance; and
- Site remediation of hazardous materials.

STATE OF NEW JERSEY

W-9/QUESTIONNAIRE

THE STATE OF NEW JERSEY REQUIRES THE FOLLOWING INFORMATION TO ESTABLISH YOUR NAME, ADDRESS AND TAXPAYER ID ON STATE RECORDS. THE INFORMATION IS USED TO POPULATE AND MAINTAIN THE STATE'S VENDOR/PAYEE FILE AND MUST BE COMPLETED BEFORE PAYMENTS ARE MADE.

IMPORTANT: YOU WILL NOT BE PAID BY THE STATE OF NEW JERSEY UNTIL THIS FORM IS COMPLETED, SIGNED AND RETURNED.

PART I. REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1. Name (as shown on your tax return):

Doing business as (if different than name):

2. Address line 1:

Address line 2:

3. City: State: Zip:

If the above contains preprinted data that is incorrect, cross it out and write the correct information immediately next to it.

4. Taxpayer Identification Number (TIN). Enter your TIN below and select the type of number listed.

____ SOCIAL SECURITY NUMBER

____ EMPLOYER IDENTIFICATION NUMBER NUMBER: _____

s. Certification: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer Identification number (or I am waiting for a number to be Issued to me), and
 (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
 (3) I am a U.S. citizen or other US person as defined by the IRS.

Certification Instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreported interest or dividends on your tax return. For real estate transactions, item (2) does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an IRA, and generally payments other than interest or dividends, you are not required to sign the certification, but you must provide your correct TIN.

Sign
Here

Signature

Date

PART II. VENDOR/PAYEE DATA: STATE OF NEW JERSEY VENDOR/PAYEE INFORMATION QUESTIONNAIRE

1. Enter the code from the list below that best describes your primary business function:

VENDORS

VG=VENDORS WHO SELL OR MANUFACTURE GOODS

HC=HEALTHCARE SERVICES (NON STATE AGENCIES)

VS=VENDORS WHO RENDER SERVICE OR RECEIVE RENT PAYMENTS

LG=LEGAL SERVICES

CS=CONSTRUCTION VENDORS WHO RENDER SERVICES

CG=CONSTRUCTION VENDORS WHO SELL OR MANUFACTURE GOODS

GOVERNMENT ENTITIES

AC=AUTHORITY/COMMISSION

CF=CONFIDENTIAL FUND

PC=PETTY CASH

SD=SCHOOL DISTRICT

FA=FEDERAL AGENCY

FD=FIRE DISTRICT

CM=COUNTY/MUNICIPALITY

EP=NJ STATE EMPLOYEE

SA=STATE AGENCY

WB=WELFARE BOARD

CU=STATE COLLEGE/UNIVERSITY

OTHER VENDORS

OT=OTHER VENDOR (PLEASE SPECIFY) _____

2 Primary Contact Information (ALL FIELDS ARE REQUIRED):

Name: _____ Phone: _____ Email: _____

____ Please check here if you are interested in receiving information about payments by direct deposit.

IF YOU ARE AN NJ STATE EMPLOYEE, NJ MANAGER OF A CONFIDENTIAL FUND OR PETTY CASH FUND, DO NOT ANSWER THE BALANCE OF THE QUESTIONNAIRE

3 What is the principle activity of your organization? (CIRCLE)

M=MANUFACTURING

H=HEALTH RELATED SERVICE

C=CONSTRUCTION

L=LEGAL

S=SERVICE

G=GOVERNMENT

O=OTHER (PLEASE SPECIFY): _____

4 CIRCLE the code from the list below that best describes your organization

Co=CORPORATION

Ind=INDIVIDUAL

P=PARTNERSHIP

L=LIMITED LIABILITY COMPANY

IMPORTANT: ANSWER ALL QUESTIONS (PRINT CLEARLY OR TYPE)

STATE OF NEW JERSEY W-9/QUESTIONNAIRE INSTRUCTIONS

The enclosed form is required by the State of New Jersey's Comprehensive Financial System, and must be completed by vendors/payees who intend to do business with the State of New Jersey or by New Jersey State employees who are seeking **reimbursement for travel or training expenses. Please answer all questions and print clearly.**

PART I. REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Part One is a W-9 form as required by the Internal Revenue Service to verify the name, address, and federal identification number for vendor/payees who may receive a 1099.

For questions 1-4:

If there is no preprinted data, populate the form with the vendor/payee's name (as shown on your tax return), address, city, state, and zip code, and sign and date the form under question number five.

If the form contains preprinted data and the preprinted information is correct, sign and date the form under question five.

If the form contains preprinted data and the preprinted information is not correct, cross out the incorrect data and make any changes immediately to the right of the preprinted information and sign and date the form under question five.

PART II. VENDOR/PAYEE DATA: STATE OF NEW JERSEY VENDOR/PAYEE INFORMATION QUESTIONNAIRE

1. Enter the code that best describes the primary business function from the choices provided.
2. Print the name, phone number, and e-mail address of the primary contact person for the vendor listed in Part One.

If you are an employee of the State of New Jersey or manage a Confidential Fund or a Petty Cash Fund for a State agency, do not answer the remaining portion of the questionnaire (Questions three and four).

3. Enter the principle activity of your organization from the choices provided.
4. Enter the code that best describes your organization from the choices provided.

ACCESSING YOUR ACCOUNT INFORMATION

Details regarding specific payments, similar to a check stub, may be obtained over the internet through the Vendor Payment Inquiry (VPI) system. To access VPI, users must first create a 'MyNewJersey' portal account.

Begin by logging onto the State of New Jersey's web page, <http://www.state.nj.us> and creating a log in and password (click on the 'register' link under the 'home' tab). Once the 'MyNewJersey' portal account has been established, users will have to sign up for the VPI application by clicking the 'enroll here' button on our website, https://www20.state.nj.us/TYM_VPI/

The online tutorial for VPI can be found at https://www20.state.nj.us/treasury/omb/TYM_VPI/docs/gettingstarted.pdf

VPI provides two years of historical data (such as issuing agency, payee reference, payment amount, payment date, etc.) and allows for the review of scheduled payments.

Electronic Payment Authorization Instructions

To receive your payments via automatic deposit from the State of New Jersey, complete and return the attached form with a **voided check or bank letter**. This letter must include ABA number (routing or transit number), bank account number, and type of account (checking or savings).

PLEASE PRINT ALL ENTRIES (except for signature[s]).

1. **Name:** Enter the payee (vendor, employee, etc.) receiving the automatic deposit transaction. Name must not exceed 30 positions including spaces and punctuation marks. Abbreviate as required to stay within the 30 position limit. (State employees – your name).
2. **Bank Name:** Enter the name of depository bank/financial institution receiving ACH credit.
3. **Account Type:** Check appropriate box.
4. **Authorized Agents' Date. Signatures & Title:** A minimum of two signatures is required when payment will be made to a corporation, partnership, or joint account. For a vendor, the "Agent" signature must include an office manager, supervisor, or individual responsible for the depository process. Only one signature is required for Sole Proprietors or State of New Jersey employees.
5. **Telephone No(s):** Enter telephone number, including area code.
6. **Vendor No:** Enter the nine-digit vendor number assigned by the State of New Jersey. (This often equals an employee ID number for State employees, social security number for non-State employees, and Federal ID number for vendors.)
7. **Bank Transit/ASA No.:** Enter bank's nine-digit American Banking Association Number. This number is also known as the bank transit or routing number.
8. **Account No.:** Enter checking/savings account number. This is a variable length field; the size is dependent on the receiving bank's account structure.

NOTES:

- When a change is made to the payees' ABA and/or account number, the payee is required to notify the State as soon as possible to allow time for the preparation of a new authorization form and to allow for the pre-notification of the changes to the State's disbursing bank.
- Details regarding specific ACH payments, similar to a check stub, may be obtained over the internet through the Vendor Payment Inquiry (VPI) system. VPI also provides two years of historical data and allows for the review of scheduled payments. To obtain an authentication code to access VPI contact John.Wiacek@treas.state.nj.us.

Details regarding specific ACH payments, similar to a check stub, may be obtained over the internet through the Vendor Payment Inquiry (VPI) system. VPI also provides two years of historical data and allows for the review of scheduled payments. See Electronic Payment Authorization Instructions on how to obtain an authentication code to access VPI.